FORM D-1040EZ

ATTACH W-2'S HERE

В. C. D.

CITY OF DUBLIN, OHIO **DIVISION OF TAXATION**

Telephone (614) 410-4460 Toll Free (888) 490-8154 Fax (614) 923-5520

Name

Address

FILING

STATUS

INCOME

WITHHELD,

PAYMENTS

BALANCE DUE

COLUMN 1

CITY WHERE EMPLOYED

TOTALS ENTER ON:

CREDITS

REFUND

OR CREDIT

TAX TAX

AND

City/State/Zip _

PROVIDE NAME AND CURRENT ADDRESS BELOW:



160 4		Primary	Primary social security number			
4		NDIVIDUAL INCOME	E			
		TAX RETURN 2011		lary social se	security number	
NT ADDRES		E ON OR BEFORE APRIL 17,	2012			
			Resider	nt 🗆 ı	Date moved in	
			Non Re	sident 🗆	Date moved out	
			City of I	Residence		
			City of I	Employment _		
			If partia	l year resident	, indicate previous address	
	ed filing joint return (even if	only one had income). Did you file ter spouse's social security numbe				
	ALL APPROPRIATE W-2'S	, FEDERAL SCHEDULES, EXPLAI	NATIONS MUST BE	ATTACHE	D	
1. Tota	al W-2 wages. For multiple V	V-2's, complete worksheet A below	v W-2's MUST BE A	TTACHED	1 \$	
2.* 210	6 Expenses. Complete work	sheet A below. See instructions. N	MUST BE ATTACHE	D	2 \$	
		BTRACT LINE 2 FROM LINE 1				
		LY LINE 3 BY 2% (.02)				
		n W-2				
	-					
		er cities (limit 2.0%). See instruction				
		ties (limit 2.0%) . See instructions ITS. ADD LINES 5 THROUGH 9				
		n line 10, enter balance due (no tax				
		s than line 10, enter overpayment h E REFUNDED (No refund if less th				
		E CREDITED TO NEXT YEAR	. ,			
		NEO WA OEO EIRO AND OEU			0.1=10.11	
WORKS		RIES,WAGES, TIPS AND OTH				
	COLUMN 2	COLUMN 3	COLUMN 4		COLUMN 5	
YED	INCOME FROM EACH LOCAL W-2	*2106 EXPENSES, IF ANY	DUBLIN TAX WITHHELD		*OTHER CITY TAX WITHHELD	
	LINE 1	LINE 2	LINE 5		LINE 8	
	LINL I	LINE Z	LINE 3		LINL O	
2106 and	earned in another city mu	st also reduce the tax withheld	for that city by the s	same perc	entage.	
res that t	his return (and accompanyi	ng W-2's and schedules) is a true,	correct and complete	e return fo	r the taxable period stated	
ed herein	are the same as used for F	ederal Income Tax purposes.				
pared by	a tax practitioner, check he	ere if we may contact him/her direc	tly with questions re	garding th	e preparation of this form.	
OTHER TH	AN TAXPAYER DATE	<u> </u>			the City of Dublin	
					of Taxation 9062, Dublin, Ohio 43017-0962	
PARER	TELE	PHONE NUMBER		1.0. 00	. 0002, Dubiiii, Oliio 40017 10002	
				REFUNI		
	DATE	<u> </u>		City of D	niidiin	

*Income reduced by 2106 and earned in another city must also reduce the tax withheld for that city

The undersigned declares that this return (and accompanying W-2's and schedules) is a true, correct and and that the figures used herein are the same as used for Federal Income Tax purposes.

☐ If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questioner.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER	DATE
NAME AND ADDRESS OF PREPARER	TELEPHONE NUMBER
SIGNATURE OF TAXPAYER	DATE
SIGNATURE OF SPOUSE (IF JOINT RETURN)	TELEPHONE NUMBER

Division of Taxation P.O. Box 800, Dublin, Ohio 43017-0900